

10-48 FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34276

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1102</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>9 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forbes</u> <u>Forbes Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Daniel</u>		c. (Last) <u>Sipes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct.</u> <u>20</u> <u>1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	
8. DATE OF BIRTH <u>Dec.</u> <u>28</u> <u>1870</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>8</u>		11. DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Forbes, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Franklin Sipes</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Guyer</u>		14. NAME OF HUSBAND OR WIFE <u>Rachael May Sipes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Afred Sipes Forbes, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) <u>E8354 33</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Automobile Accident</u> <u>Exposure</u> <u>10-11-52</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Country Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Oregon</u> <u>Lewis</u> <u>Missouri</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-11-52</u> <u>?</u> <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car ran off bridge into creek</u>			
22. I hereby certify that I attended the deceased from <u>10-12-52</u> , to <u>10-20-52</u> , that I last saw the deceased alive on <u>10-19-52</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Ferguson</u>				23b. ADDRESS <u>2801 E. Francis St.</u>		23c. DATE SIGNED <u>10-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forbes</u>		24d. LOCATION (City, town, or county) (State) <u>Forbes, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 22, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm A Rich Savannah, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed _____

Wm A Rich

Licensed Embalmer No. 4228

P. O. Address Savannah, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.